

ENVISION PROGRESS

Strategy Agenda Progress Report
Health and Human Services Agency
San Diego County

A Mid Year Progress Report for FY 2006-07



VISION: Safe, Healthy, Thriving Communities

MISSION: To make people's lives safer, healthier and self-sufficient
by managing essential services

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This document was prepared by the Strategic Planning & Operational Support Division, Office of Strategy Management

BACKGROUND

Background on the Strategy Agenda

The Strategy Agenda links the Agency's goals to its daily operations. It helps the Agency to translate our mission and vision into actions and results. It helps each employee better understand how his or her contribution makes a difference. It also helps community stakeholders see how Agency actions and results contribute to overall goals.

The Strategy Agenda was developed in 2004 with input from citizen advisory committees, who helped to identify priority programs. It was further framed and refined by HHSA's Executive Team and focus groups engaging managers, subject matter experts and advisory committee representatives. During the fall of 2005, the Strategy Agenda was first presented to HHSA citizen advisory committees. Feedback was solicited as to whether or not key community priorities were sufficiently reflected, and whether or not the Result Indicators were clear and meaningful. The feedback offered by our stakeholders led to further streamlining of the Strategy Agenda. The Strategy Agenda is now comprised of only 21 key Result Indicators that capture the wide variety of programs and services the Agency offers. The Agency continues to refine the Strategy Agenda as part of the annual planning cycle.

Why a Progress Report?

The Agency Director has promised to use the Strategy Agenda to engage community stakeholders and advisors in an ongoing dialogue about what results are valuable to them and how those results can be accomplished. HHSA staff provides regular progress reports in order to enhance understanding of, and transparency regarding, Agency operations. Sharing our progress provides a forum to discuss ways in which our community partners can work with the Agency to improve community outcomes.

Where Do the Measures and Targets Come From?

Measures and targets are proposed each year by individual Regions and Divisions and approved by the Agency Director and Executive Team, as part of the annual planning cycle. Often, achievement of targets require the cooperation of multiple Regions and Divisions, which is why it is so important that goal setting is done collaboratively and with Executive Team oversight and approval. Alignment to the County Strategic Plan is also critical to ensure that HHSA efforts support overall goals and priorities of the Board of Supervisors and the Chief Administrative Officer.

There is an expectation that the targets for existing measures are raised each year in order to continue to improve on performance. In some cases, the new target for 2006-07 may be lower than current year 2005-06 performance for a variety of reasons—the new target is based on mid-year projections of performance and thereby consistent with contract goals, and is also considered appropriate given available resources and service expectations. Many measures carry over from year-to-year; however, some new measures are developed each year. For new FY 2006-07 measures, no target or results data are available for the prior year FY 2005-06 and "NA" appears in those columns.

Contact for More Information: Any questions or comments, please call 619/685-2214.

KEY TO READING THE PROGRESS REPORT

This document is organized as follows:

- The **GOALS** we are seeking to achieve, as captured by the
 - *County Strategic Initiative* and *Key Agency Service Area*
- The **ACTIONS** we are taking to achieve these goals, as captured by the
 - *Mission Critical Service* and *Action Statement to the Desired Results*
- The **RESULTS** we are seeking, as captured by the
 - *Result Indicator* and the corresponding *Program and/or Region Measures(s)*

COUNTY STRATEGIC INITIATIVE (*GOALS*)





Key Agency Service Area (*Goals*)

MISSION CRITICAL SERVICE (*ACTIONS*)

Action Statement to Get to Desired Result (*Actions*)

#Number Result Indicator (*Results*)

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Agency Program or Region Measure (that corresponds with Result Indicator)					

Result End-Year	What Symbol Means	What Does Symbol Say about HHSA Performance?
	100% of target or above	Excellent: At, or better than, expected levels of performance
	Less than (<) 100% of target but greater than or equal to (≥) 75% of target	Caution: Below expected levels of performance
	Below 75% of target	Concern: Significantly below expected levels of performance
	Data currently not available	


IMPROVING OUTCOMES FOR KIDS

Keep At-Risk Children and Their Families Safe, Healthy and Self-Sufficient


PREVENTION

Provide information and intervention services that increase children's safety, health and well-being



1. Completion of recommended number of prenatal visits by patients

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Expectant mothers visited by Public Health Nurses through delivery, completed recommended number of prenatal care visits	65%	90.7%	89%	98% 	

2. Children receiving recommended number of well child visits

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Children in out of home placement who receive preventive health examinations in accordance with Child Health & Disability Prevention (CHDP) periodicity <i>Note: Data are currently being compiled, and results will be available before the end of this fiscal year.</i>	NA	NA	70%		

3. Children and youth prepared to transition to adulthood

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Foster youth in 12 th grade who achieved high school completion <i>Note: Data are not available until the end of the school year.</i>	77%	80.7%	78%		
Adolescents successfully discharged from alcohol and drug programs that are enrolled in school or completed high school or equivalent	75%	82.6%	76%	89.2% 	





IMPROVING OUTCOMES FOR KIDS

Keep At-Risk Children and Their Families Safe, Healthy and Self-Sufficient

ACCESS TO CARE

Provide outreach, enrollment and retention services to help children become thriving, self-sufficient adults

4. Enhance access to medical, dental and behavioral health services

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Net gain in children enrolled in Medi-Cal and Healthy Families by year end	2%	0.2%	4,696	671 	
Explanation Enrollment data in FY 2005-06 are <u>not</u> comparable to enrollment data in FY 2006-07 because the Agency transferred to a new welfare data system (CalWIN), resulting in lower enrollment numbers for children in Medi-Cal. However, the new CalWIN data have been validated and are believed to be more accurate than data in the previous system.					
Healthy Families and Medi-Cal applications distributed to appropriate regions within 10 days	NA	NA	98%	100% 	
Increase in Hispanic children and youth receiving mental health services by 2% compared to FY 2005-06	NA	NA	2%	29.7% 	
New children and youth clients in outpatient programs who are screened for co-occurring disorders (mental health/substance abuse) as part of all mental health assessments	NA	NA	90%	99.7% 	






IMPROVING OUTCOMES FOR KIDS

Keep At-Risk Children and Their Families Safe, Healthy and Self-Sufficient

ACCESS TO CARE

Provide outreach, enrollment and retention services to help children become thriving, self-sufficient adults

5. Average wait times across systems (children & families)

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Average system-wide wait time for children and youth to be assessed by a mental health professional and referred to outpatient treatment	7 days or less	3.3 days	5 days or less	4.2 days 	
Children on wait list for California Children's Services Medical Therapy Program	3% or less	0.0%	3% or less	0.0% 	
Children on wait list for California Children's Services Occupational Therapy Program	3% or less	0.0%	3% or less	0.0% 	
Child Care Stage 1 payments issued timely—within 10 days of receipt of complete attendance sheet, CalWORKs participants only	NA	NA	97%	100% 	
Child Care Stage 2 payments issued timely—within 10 days of receipt of complete attendance sheet, current and former CalWORKs participants if income eligible	NA	NA	97%	99.7% 	


IMPROVING OUTCOMES FOR KIDS

Keep At-Risk Children and Their Families Safe, Healthy and Self-Sufficient




PROTECTION

Provide services that protect children and families from dangerous conditions

6. Children who are protected from abuse and neglect

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Children with a substantiated allegation of neglect/abuse within a 6 month period, who have another substantiated allegation in the next 6 months	NA	NA	8.4%	8.7% 	

7. Children served who have permanency and stability in their living situations

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Children in foster care for less than 12 months with fewer than 3 placements	76.6%	79.7%	80%	75.2% 	
Foster children placed in permanent adoptive homes	620	630	630	355 	
Children, entering through on-site Assessment Center, who are diverted from Polinsky Children's Center and placed in foster homes within 24-hours	NA	NA	20%	65.3% 	




IMPROVING OUTCOMES FOR KIDS

Keep At-Risk Children and Their Families Safe, Healthy and Self-Sufficient

PROTECTION

Provide services that protect children and families from dangerous conditions




8. Reduction in re-entry into the system

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Youth receiving juvenile diversion services who do not enter or re-enter the juvenile justice system for at least 6 months after their case closing date	80%	90.6%	80%	91.4% 	
Youth participating in the Critical Hours after-school program who do not enter or re-enter the juvenile justice system	80%	96.2%	80%	96% 	
Foster children who re-enter foster care within 12 months of being reunified with their families	NA	NA	9.9% or less	9.2% 	

TREATMENT AND CARE

Provide quality treatment and care to improve physical health, mental health and reduce dependency on public resources

9. Children or families maintaining or improving from intake to re-assessment or discharge

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Welfare-to-Work participants and their families who exit CalWORKs cash assistance due to employment and remain off cash aid for six continuous months	90%	89.4%	90%	89.9% 	
Adolescents in alcohol and drug treatment for more than 30 days who complete treatment	NA	NA	48%	47.9% 	
Children served by Nurse-Family Partnership program born with normal birth weight	95%	93%	93%	93% 	



PROMOTING SAFE & LIVABLE COMMUNITIES

Protect the Public's Health



PREVENTION OF ADVERSE HEALTH RISKS

Provide education, information and other prevention services to prevent disease and injury and improve community health


10. Reduction in the burden of chronic disease

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Strategies of Childhood Obesity Action Plan implemented	NA	NA	5	3 	
Youth in obesity prevention program trained to improve their nutritional and physical environment in their communities	NA	NA	80%	100% 	

11. Reduction in the spread of infectious disease

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Children age 24 months who are fully immunized and served by the regional Public Health Centers <i>Note: There is a lag in immunization data; End-Year Result for 05-06 is actually based on the performance during the previous year.</i>	85%	91%	90%		
Tuberculosis cases reported to Public Health Services within one working day from the start of treatment	NA	NA	90%	94.4% 	

12. Reduction in intentional and unintentional injuries

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Reduction in the number of 18 to 24 year olds injured or killed in alcohol-related motor vehicle crashes this time in the current fiscal year compared to this time in the previous fiscal year	5%	5.3%	5%	5% 	


PROMOTING SAFE & LIVABLE COMMUNITIES

Protect the Public's Health

SURVEILLANCE, INVESTIGATION & RESPONSE

Monitor, identify and investigate health-related events and behavior, and respond to reduce disease, disability and death



13. Response time for selected reportable diseases and newly emerging public health threats

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Cases of selected reportable diseases (hepatitis A, meningococcal disease and E. coli) that Epidemiology staff make first contact and initiate investigations within 24 hours	96%	98.8%	97%	100% 	

EMERGENCY PREPAREDNESS & RESPONSE

Prepare the community to respond to and recover from medical disasters and health events

14. Readiness to respond and mobilize in a disaster

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Drills or exercises with community partners and public health staff to evaluate the County's level of preparedness for public health hazards	3	5	5	6 	
Designated County staff (first responders) receive Emergency Medical Alert Network (EMAN) drill alerts within 24 hours of a medium level being issued to ensure timeliness of emergency communication response <i>Note: Drill to be conducted in the Spring.</i>	70%	82.2%	75%		





PROMOTING SAFE & LIVABLE COMMUNITIES

Keep Vulnerable Adults Safe, Healthy & Self-Sufficient



ACCESS

Educate and link vulnerable adults to services to ensure they are safe, healthy and self-sufficient

15. Vulnerable adults provided assistance accessing services

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Medi-Cal Managed Care clients who attend an enrollment presentation and choose a health plan to promote health access	NA	NA	90%	99.1% 	
Callers to the Domestic Violence Hotline referred to appropriate resources, including shelter and legal assistance	90%	100%	100%	100% 	
New adult clients in outpatient programs who are screened for co-occurring disorders (mental health/substance abuse) as part of all mental health assessments	NA	NA	90%	99.7% 	
Increase in number of older adults receiving mental health services by 5% compared to FY 2005-06	NA	NA	5%	26.5% 	

16. Receipt of sustainable financial support by eligible adults

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Approval of claims submitted by Veterans' Services for benefits	82%	85.8%	86%	84.4% 	
General Relief and Cash Assistance Program for Immigrants (CAPI) clients, who complete the Supplemental Security Income (SSI) application process through the Advocacy Program, and obtain SSI	90%	93.3%	91%	86.3% 	



PROMOTING SAFE & LIVABLE COMMUNITIES

Keep Vulnerable Adults Safe, Healthy & Self-Sufficient

ACCESS

Educate and link vulnerable adults to services to ensure they are safe, healthy and self-sufficient

17. Average wait times across systems

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
System-wide average wait time for adults to be provided an outpatient mental health assessment	10 days or less	7.4 days	8 days or less	7 days 	
Face-to-face Adult Protective Services investigations within 10 days of referrals	94%	96.4	95%	96% 	



PREVENTION & PROTECTION

Provide prevention and protective services to maximize health, safety and independence

18. Increase in adults receiving prevention services

Measures being developed and results will be reported in FY 07-08

19. Reduction in re-entry or level of need for services

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Adult Protective Services cases not re-referred within six months of case closing, indicating that the needs of these clients were met	89%	90.4%	89%	91.4% 	
Adults in alcohol and drug treatment more than 30 days that had no new arrests while in treatment	NA	NA	90%	88.5% 	



PROMOTING SAFE & LIVABLE COMMUNITIES

Keep Vulnerable Adults Safe, Healthy & Self-Sufficient


TREATMENT & CARE

Provide quality treatment and care so adults can live safely and as self-sufficiently as possible in their communities

20. Adults maintaining or improving from intake to re-assessment or discharge

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Adults in alcohol and drug treatment for more than 30 days who complete treatment	NA	NA	55%	51.1% 	
County Medical Services patients with diabetes who are enrolled in Project Dulce for a minimum of 12 months receive annual eye exams, foot exams and kidney function assessments	NA	NA	80%	84% 	

21. Participation in employment, education and other productive activities among adults

	Target 2005-06	Result End-Year	Target 2006-07	Result Mid-Year	Result End-Year
Employable adults completing alcohol and drug treatment will be employed or in employment preparation activities	NA	NA	65%	91% 	
Adult Mental Health clients demonstrating progress towards employment, education or housing goals in their client plans	NA	NA	75%	93.7% 